

The Commonwealth of Massachusetts Division of Professional Licensure

239 Causeway Street ☐ Boston, MA 02114 www.state.ma.us/reg/boards/el

<u>Board of State Examiners of Electricians</u> (617)727-9931 NOT TO BE USED BY VOCATIONAL TRADE SCHOOLS

FORM 223

CERTIFICATE OF SCHOOL EXPERIENCE

Application for the Master Electrician and Systems contractor Exam

To be use for courses taught within Massachusetts
Day or Evening programs

TO THE STATE EXAMINERS OF ELECTRICIANS

THE FOLLOWING IS TO BE COMPLETED BY SCHOOL OFFICIALS

Subject to the penalties set for statement made by me that	orth in Section 5 of chapte	er 141 of th	e General Laws, I su	abscribe to and vouch for the
Name of Applicant	License number/Class/Type		Expiration date	completed classroom instruction at
Name of School	Course attended with hours of classroom instruction			
From20 Date of Enrollment		To	Date of Completio	20 n of Course
<u>IN S</u>	STATE-APPROVED ELE	CTRICAL	PROGRAM ONLY	
Name of Designated School Official - Type or Print			Title	
Signature of Designated School Official		Date		

IMPRINT SCHOOL SEAL HERE

General laws, Chapter 141

Section 9. Any person making any misstatement as to experience or other qualifications, or any person, firm or corporation subscribing to or vouching for any misstatement, shall be subject to penalties set forth in.